

Best Available Copy

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. <i>163705</i>	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
1	/	/	/	/	/	/	51			
2	/	/	/	/	/	/	52			
3	/	/	/	/	/	/	53			
4	/	/	/	/	/	/	54			
5	/	/	/	/	/	/	55			
6	/	/	/	/	/	/	56			
7	/	/	/	/	/	/	57			
8	/	/	/	/	/	/	58			
9	/	/	/	/	/	/	59			
10	/	/	/	/	/	/	60			
11	/	/	/	/	/	/	61			
12	/	/	/	/	/	/	62			
13	/	/	/	/	/	/	63			
14	/	/	/	/	/	/	64			
15	/	/	/	/	/	/	65			
16	/	/	/	/	/	/	66			
17	/	/	/	/	/	/	67			
18	/	/	/	/	/	/	68			
19	/	/	/	/	/	/	69			
20	/	/	/	/	/	/	70			
21	/	/	/	/	/	/	71			
22	/	/	/	/	/	/	72			
23	/	/	/	/	/	/	73			
24	/	/	/	/	/	/	74			
25	/	/	/	/	/	/	75			
26	/	/	/	/	/	/	76			
27	/	/	/	/	/	/	77			
28	/	/	/	/	/	/	78			
29	/	/	/	/	/	/	79			
30	/	/	/	/	/	/	80			
31	/	/	/	/	/	/	81			
32	/	/	/	/	/	/	82			
33	/	/	/	/	/	/	83			
34	/	/	/	/	/	/	84			
35	/	/	/	/	/	/	85			
36	/	/	/	/	/	/	86			
37	/	/	/	/	/	/	87			
38	/	/	/	/	/	/	88			
39	/	/	/	/	/	/	89			
40	/	/	/	/	/	/	90			
41	/	/	/	/	/	/	91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			21				TOTAL IND.			
TOTAL DEP.			20				TOTAL DEP.			
TOTAL CLAIMS			54				TOTAL CLAIMS			